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Balance Sheet

Details	Bal. Sheet	Other Accts.	Income Stmt.	Cash Flows	Grading	Complete
-------------------------	----------------------------	------------------------------	------------------------------	----------------------------	-------------------------	--------------------------

Use the form shown below to enter the balance sheet information. Please refer to the [RBO Quarterly Financial Survey & Statement of Organization Instructions](#) for definition/description of terms.

		Aging Schedule in Days			
Current Assets		Current Period	61-90	91-120	Over 120
1	Cash and Marketable Securities	<input type="text"/>			
2	Short-Term Investments	<input type="text"/>			
3	Non-HMO/Fee-for-Service Receivable-Net (collectable within 60 days)	<input type="text"/>			
4	Non-HMO/Fee-for-Service Receivable-Net (collectable beyond 60 days)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	HMO Receivable-Net (collectable within 60 days)	<input type="text"/>			
6	HMO Receivable-Net (collectable beyond 60 days)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Risk Pool Receivable-Net	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Other Incentive Program Receivables-Net	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Secured Affiliate Receivable (collectable within 60 days)	<input type="text"/>			
10	Secured Affiliate Receivable (collectable beyond 60 days)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Unsecured Affiliate Receivable (collectable within 60 days)	<input type="text"/>			
12	Unsecured Affiliate Receivable (collectable beyond 60 days)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	Other Receivable-Net (collectable within 60 days)	<input type="text"/>			
14	Other Receivable-Net (collectable beyond 60 days)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	Other Current Assets	<input type="text"/>			
16	Total Current Assets				
Other Assets		Current Period			
17	Long-term Investments	<input type="text"/>			
18	Intangible Assets & Goodwill - Net	<input type="text"/>			
19	Risk Pool Receivable (Non-Current)	<input type="text"/>			
20	Other Incentive Program Receivables (Non-Current)	<input type="text"/>			
21	Secured Affiliate Receivables-Long-Term	<input type="text"/>			
22	Unsecured Affiliate Receivables-Long-Term	<input type="text"/>			

10/11/2005



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'Other Accounts' Detail

Details	Bal. Sheet	Other Accts.	Income Stmt.	Cash Flows	Grading	Complete
-------------------------	----------------------------	------------------------------	------------------------------	----------------------------	-------------------------	--------------------------

"Other" Account values are not currently required for this report.

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Income Statement

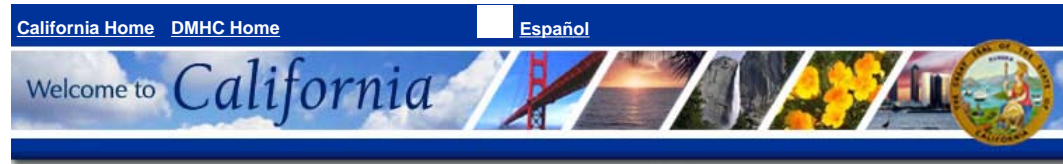
Current Period

- [illegible]

Current Period

-

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Statement of Cash Flows

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Use the form shown below to enter the statement of cash flow information. Please refer to the [RBO Quarterly Financial Survey & Statement of Organization Instructions](#) for definition/description of terms.

Statement of Cash Flows

Current Period

1	Net Operating Income	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
2	Non-Cash Expense	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
3	Adjustment for Changes in Operating Assets and Liabilities	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
4	Decrease (Increase) in Buildings, Equipment & Land	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
5	Sale (Purchase) of Securities and Other Financial Assets	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
6	Disposal (Acquisition) of Other Assets	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
7	Issuance (Repayment) of Long-Term Debt	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
8	Issuance (Repayment) of Owners Equity	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
9	Cash and Short-Term Investments at the Beginning of the Period	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
10	Cash and Short-Term Investments at the End of the Period	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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Grading Criteria

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Use the form shown below to enter the organization information that will be used to calculate the grading/reviewing criteria. Please refer to the [RBO Quarterly Financial Survey & Statement of Organization Instructions](#) for definition/description of terms.

* Indicates a Required Field

Tangible Net Equity

1	Net Equity	<input type="text"/>
2	Add Subordinated Debt	<input type="text"/>
3	Less: Receivables from officers, directors and affiliates	<input type="text"/>
4	Less: Intangibles	<input type="text"/>
5	Tangible Net Equity	<input type="text"/>
6	Maintained a positive TNE at all times, for the reporting period *	<input type="radio"/> Yes <input type="radio"/> No

Working Capital

7	Maintained a positive working capital at all times, for the reporting period *	<input type="radio"/> Yes <input type="radio"/> No
	Working capital must be calculated based on financial information at the last day of the reporting period	<input type="text"/>

Cash-to-Claims Ratio (EFFECTIVE JANUARY 1, 2006)

8	Maintained the required cash-to-claims ratio, at all times, for the reporting period (section 1300.75.4(f)) *	<input type="radio"/> Yes <input type="radio"/> No
	Ratio must be based on financial information at the last day of the reporting period	<input type="text"/>

Claims and IBNR

9	Did the RBO reimburse, contest, or deny at least 95% of claims within 45 working days over the course of any three-month period? *	<input type="radio"/> Yes <input type="radio"/> No
	Enter percentage	<input type="text"/>
10	Methodology for Calculating IBNR (Select all that apply)	<input type="checkbox"/> Lag Study <input type="checkbox"/> Actuarial <input type="checkbox"/> Estimation <input type="checkbox"/> Other
11	If "Other" was selected in # 10 (above), describe the methodology of calculating IBNR (1000 character limit)	
	<input type="text"/>	
12	Has the RBO estimated and documented, on a monthly basis, it's liability for IBNR claims? *	<input type="radio"/> Yes <input type="radio"/> No
13	Are IBNR estimates the basis for the financial statement submission?	<input type="radio"/> Yes <input type="radio"/> No

Save



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Corrective Action Plan

Reporting Period Quarter 1, 2005

Click the "Save CAP" button to save the content of the corrective action plan.

Confidential Corrective Action Plan

If a corrective action plan is required, complete the report below. Click the "Save CAP" button to save the content of the corrective action plan. Click the "Submit" button to submit the results of this corrective action plan to the Department of Managed Health Care. Please ensure your corrective action plan is complete. Once the report is submitted to the Department, it cannot be modified.

Health Plan *

1 Select a Health Plan >>

Enrollment *

1 2 3 4 5 6 7 8 9 10 Add

2 Provide a summary of the nature of the deficiency (2000 character limit) *

3 Provide a summary of the reason for the deficiency (2000 character limit) *

4 Provide a summary of any actions taken to correct the deficiency and include any results of that action (2000 character limit) *

5 Upload the detailed corrective action plan which includes detailed projected financial statements, projected grading criteria, health plan contact information and projected enrollment. All projections **MUST** include supporting detailed assumptions. There is a 15MB limit on each file. File types can be submitted in the following formats: .doc, .xls, .ppt, .rtf, .txt, .pdf.

Document Type *

Other

Select File *

Browse...

Attach

Save CAP

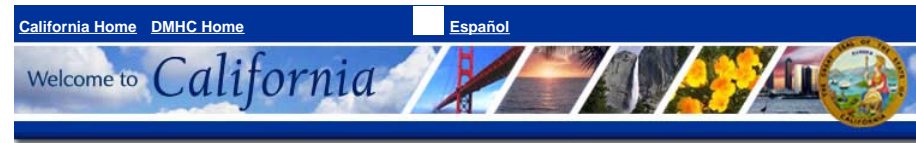
Certify & Submit

Click the "Submit" button to submit the results of this corrective action plan to the Department of Managed Health Care. Please ensure your corrective action plan is complete. Once the corrective action plan is submitted to the Department, it cannot be modified.

☐

I, Test User, certify (or declare) that I have read this corrective action plan and know the contents thereof, and verify that to the best of my knowledge and belief, the information included in this corrective action plan is true and correct.

Submit



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Statement of Organization

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The details of the filing are shown below.

Provider	Test RBO
Created By	Chuck Smith
Date Created	9/2/2005 6:19:43 AM
Date Completed	
Report Period	Year 2004
Report Status	In Progress

Statement of Organization

RBO Model *

- ☐ IPA
☐ Medical Group
☐ IPA/Medical Group Combination
☐ Foundation
☐ Other

Legal Ownership *

- ☐ Professional Corporation
☐ Partnership
☐ Not-For-Profit Corporation/Foundation
☐ Sole Proprietorship
☐ Other

RBO Ownership *

☐ Yes ☐ No

MSO Name *

MSO Address *

MSO Contact Title *

MSO Phone *

MSO Contact Email *

Is the MSO a related party to the RBO? *

☐ Yes ☐ No

Counties Served *

Contracted Health plans

Health Plans *


Select a Health Plan >>

Commercial	Medicare + Choice	Medi-Cal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foundation Information

Complete the section shown below if your RBO Model is a Foundation.

Medical Group *

Select a Medical Group >> 

Does the medical group directly contract with a health plan?*

☐ Yes ☐ No

Does the medical group arrange for health care services for enrollees?*

☐ Yes ☐ No

Does the medical group receive compensation on a capitated or fixed periodic payment basis?*

☐ Yes ☐ No

Is the medical group directly responsible for the processing and payment of claims for services rendered under the capitated or fixed periodic payment arrangement?*

☐ Yes ☐ No

Total HMO Revenue *

Total Non-HMO Revenue *

Total Revenue *

Total Professional Fees *

All Other Expenses *

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